Revision: HCFA-AT-85-3 (BERC) FEBRUARY 1985

SUPPLEMENT 1 to ATTACHMENT 2.6-A

Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Missouri

INCOME ELIGIBILITY LEVELS - CATEGORICALLY NEEDY

AFDC PERCENT OF NEED (PAYMENT STANDARD) BY HOUSEHOLD SIZE

Family Size	Payment Standard	Family Size	Payment Standard
1	\$136	7	\$474
2	234	8	514
3	292	9	554
4	342	10	595
5	388	11	635
6	431	12	675

For each additional person, add \$40.

TN No. MS-90-27 Supersedes TN No. MS-89-15

Bffective Date ____07/01/90 Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992 SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Missouri	
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INCOME ELIGIBILITY LEVELS

- A. MANDATORY CATEGORICALLY NEEDY (Continued)
 - 3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
 - 4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. MS-93-39
Supersedes Approval Date 158 14 1994 Effective Date 01/01/94
TN No. MS-91-40

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Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 3

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Missouri

INCOME ELIGIBILITY LEVELS (Continued)

- B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL
 - 1. Prequant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on <u>185</u> percent of the official Federal income poverty level (as revised annually in the federal register) for the size family involved.

TN No. MS-93-39 Supersedes TN No. MS-91-44

Approval Date

FEB 1 4 1994

Effective Date 01/01/94

HCFA ID: 7985E

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Revision: HCFA-PK-87-4 (BERC)

MARCH 1987

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 4

OMB No.: 0938-0193

STATE PLAN UNDER TITLE III OF THE SOCIAL SECURITY ACT

State:	Missouri
3.2	

C. INCOME ELIGIBILITY LEVELS - OPTIONAL GROUP OF QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES UP TO FEDERAL POVERTY LIVE

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

Based on 100 percent of the official Federal nonfarm income poverty line:

Revision: HCFA-PM-9 AUGUST 199	_
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3. Aged and Disa	ab.
The levels for disabled indinate as for areas for the second seco	Lv.

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SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 5 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Missouri
	INCOME ELIGIBILITY LEVELS (Continued)

d Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(1) of the Act are as follows:

Based on _____ percent of the official Federal income poverty line.

Family Size	Income Level
1	\$
	\$
3	\$
4	\$
5	\$

TN No. MS-91-44 Supersedes	Approval Date	FEB 0 6 1992	Effective	Date 11/01/91
TN No. MS-87-8			HCFA ID:	7985E

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		State:	Mis	ssouri				
			INCO	ME ELIGIBILITY	LEVELS	(Continued)		
c.	QUALIE LEVEL	TED MEDI	CARE BI	ENEFICIARIES W	TH INCOM	ES RELATED T	O FEDERAL	POVERTY
	Medica	evels for are benef t are as	iciarie	mining income e es under the pr vs:	eligibili covisions	ty for group of section	s of qual 1905(p)(2	ified)(A) of
1.	NON-SE	CTION 19	02(f) S	STATES				
a.	Based level:		ollowin	ng percent of t	he offic	ial Federal	income po	verty
	Eff. J	Tan. 1, 1	989: /	/_/ 85 percent	<i></i>	percent	(no more	than 100
	Eff. J	Tan. 1, 1	990: /	<u>/</u> / 90 percent		percent	(no more	than 100
	Eff. J	Tan. 1, 1	991: 1	100 percent				
	Eff. J	fan. 1, 1	992: 1	100 percent				
b.	Levels	::						
		<u>Fa</u>	mily Si	ize	Income	Levels		
		•.	12		\$ \$			
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	STATE	PLAN UNDE	R TITLE XIX	OF THE S	OCIAL SECURI	TY ACT	
•	State:	Mis	souri				
-		INCOME	ELIGIBILITY	LEVELS (Continued)		
. QUALI LEVEL		CARE BENE	FICIARIES W	TH INCOM	ES RELATED TO	FEDERAL	POVERTY
) STATES VE THAN S		JANUARY 1	1, 1987 USED	INCOME ST	ANDARDS
. Based level		ollowing p	percent of 1	the offici	ial Federal i	income pov	erty
Eff.	Jan. 1, 1	989: 🗾	80 percent	<u>/x/</u> 8	percent	(no more	than 100)
Eff.	Jan. 1, 1	990: \coprod	85 percent	<u>/x/ _ 9</u>	o percent	(no more	than 100)
Eff.	Jan. 1, 1	.991:/	95 percent	<u>/x/ _ 10</u>	o percent	(no more	than 100)
Eff.	Jan. 1, 1	992: 100	percent		*		
. Level		mily Size		Income 1	<u>Levels</u>		
		<u>1</u>		\$ 552 \$ 740			
2 '		•					
•							
V							
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HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 8 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:	·Misso	uri		
	D. MEDICALLY NEI		INCOME LEVELS	(Continued)	
ਰ • .	Applica	able to all	those specifi group income	Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.	
ye r ,	(1)	2)	. (3)	(4)	(5)
···	Family Net incompreted maintenant	ed for nce for months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.10072	for persons	Column (4) exceeds limits
e e	// urban & :	rural		•	•
					*
ž.	2 \$				
क्रमा अपूर्णालाकः -	<u>3</u> \$		\$	\$ \$	\$ · · · · ·
-	_For each addi- tional person, add: Y The agenc payments mad	y has metho	\$ ods for excludi f of individual	\$ ing from its claim Ls whose income exc	\$ for FFP
	these limits	•			
		· .			
-	TN No. MS-91-44 Supersedes	Approval	Date FEB 0 6	1992 Effective I	Date 11/01/91
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Revision:

HCFA-PM-91-4 AUGUST 1991 (BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 9

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _	Missouri
	INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for	Amount by which Column (2) exceeds limits	Net income level for persons living in	Amount by which Column (4) exceeds limits
, 	months	specified in 42 CFR 435.1007 ¹	rural areas formonths	specified in 42 CFR 435.1007 ¹
	diban only	45511007		
	urban & rural			
5	\$	\$	\$	<u> </u>
6	s	\$	\$	\$
7	.	\$	\$	<u> </u>
8	.	<u> </u>	\$	\$\$
9	\$	<u> </u>	<u> </u>	\$
10	\$	<u> </u>	\$	<u> </u>
For eac addi- tional			·.	
person, add:	\$	\$	\$	\$
				

1/ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. MS-91-44 Supersedes	Approval Date	FEB 0 6 1992	Effective	Date <u>11/01/91</u>	
TN No. NA			HCFA ID:	7985E	٠

98

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 10

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State: Missouri

INCOME ELIGIBILITY LEVELS (Continued)

E. Institutionalized Individuals

The special income level for individuals who are in institutions for at least 30 consecutive days is \$821.00.

This amount will be increased each time Social Security beneficiaries receive a COLA. The current special income level will be multiplied by (1 + the COLA percentage) and rounded to the next higher whole dollar to arrive at the new special income level.

TN No. MS-96-02 Approval Date JAN 2 4 1996 Effective Date 01/01/96 Supersedes
TN No. MS-92-30